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APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		RNEY DOCKET NO.	CONFIRMATION NO.
10/808,320	03/25/2004		Tatsunori Kanai		25	31092US2SRD	5437
TITLE OF INVENTION:	LOCAL MEMORY M	IANAGEMENT SYSTEM	M WITH PLURAL PROC	ESSORS 01 /29 /2/	אח ככי	S0000000 190700	150030 10808320
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Ю	\$1440	\$0	\$1400		\$1440	02/14/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
CHOI, WOO H		2189	711-202000	_			
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☐ Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is  3 We ustadt, P. C			<u> </u>	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer						<u> </u>	
Number is required.			2 registered patent att listed, no name will b	orneys or agents. If e printed.	no name is 3		
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	уре)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG		(B) RESIDENCE: (CIT					
KABUSHIK	I KAISHA TO	Tokyo, JAPAN					
Please check the appropriate assignee category or categories (will not be printed on the patent):							
The state of the s							
4a. The following fee(s) ar  ☑ Issue Fee	re submitted:	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)					
Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).				
5. Change in Entity Statu	18 (from status indicates	d about	overpayment, to Dep	osit Account Number	4 T2	-0030 (enclose an	extra copy of this form).
a. Applicant claims		□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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	Vi A	IV				2.5. 2008	
Authorized Signature _	journe	My	<del></del>	Date			
Typed or printed name	Paul J. I	Registration No. Registration No. 58,014					
This collection of informat an application. Confidentis submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231	ion is required by 37 C ality is governed by 35 application form to the ms for reducing this but ginin 22313-1450. DO 3-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the ONOT SEND FEES OR (	on is required to obtain or 1.14. This collection is endepending upon the indi- depending upon the indi- e Chief Information Offic COMPLETED FORMS T	retain a benefit by the stimated to take 12 revidual case. Any coper, U.S. Patent and OTHIS ADDRESS	he publi ninutes mments Tradema SEND	c which is to file (and to complete, including on the amount of tim ark Office, U.S. Depar o TO: Commissioner for	by the USPTO to process) g gathering, preparing, and the you require to complete rement of Commerce, P.O. or Patents, P.O. Box 1450,

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adjustment Date 1/29/2008 sounding 06/26/2007 INTEFSW 00000341 10808320

(Rev. 08/07) Approved for use through 08/31/2010 .00 OP

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